

Adult Day Awareness/Status of Study Recommendation
Pursuant to S.B. 1278 and H.B. 2054

Report
To
The North Carolina Study Commission on Aging

October 2006

Prepared by
North Carolina Department of Health and Human Services
Division of Aging and Adult Services

Background Information

At the recommendation of the Study Commission on Aging, the Adult Day Awareness/Status of Study Recommendation directed the Department of Health and Human Services to assure awareness of adult day health services and to provide a status report on changes implemented as a result of the Adult Day Services Study. Specifically, the General Assembly of North Carolina enacted:

Section 1.(a) The Department of Health and Human Services, Division of Aging and Adult Services and the Division of Medical Assistance, shall provide education, and training if necessary, to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health services and that this option is being considered in all situations appropriate for the client.

Section 1.(b) The Department of Health and Human Services, Division of Aging and Adult Services, shall report on the status of the Partners in Caregiving Study recommendations.

Section 1.(c) The Department shall report the status of its activities under this section to the North Carolina Study Commission on Aging not later than July 30, 2006.

The following report has been prepared in response to this legislation.

Section 1.(a): Adult Day Awareness

Appropriate staff members of the Division of Aging and Adult Services (DAAS) and the Division of Medical Assistance (DMA) met on June 14, 2006 in response to Section 1.(a) of S.B. 1278 and H.B. 2054.

The CAP program is for individuals who are nursing home eligible and adult day health services are a part of the overall 'menu' of services available for these individuals. There are 58 programs offering adult day health care in the State, located in 37 counties (see Attachment A).

The following action steps were agreed upon and initiated by DAAS and DMA:

1. An information sheet about Adult Day Services for CAP case managers and consultants was developed by DAAS and DMA (see Attachment B);
2. DAAS will utilize their website for keeping CAP case managers informed about the program through posting the information sheet, sending reminders to the CAP case manager listserv, and keeping the adult day services on-line list of providers updated;
3. DAAS will notify DMA when a new adult day health program is certified and DMA will ensure this information is communicated to the CAP case managers in that service area;
4. DAAS will mail to the existing adult day health programs information on the CAP case manager(s) in their area and encourage programs to provide brochures and other information to these individuals for distribution to CAP client families;

5. DAAS will encourage adult day health program directors and/or their board members to join the CAP advisory meetings in their area;
6. DMA-CAP will contact representatives of the Office of Research, Demonstrations and Rural Health Development to discuss educating the Community Care Networks (the Medicaid managed care networks) since this office is responsible for expanding the scope of the Community Care Networks to include the Aged, Blind, and Disabled, and CAP-DA clients;
7. DMA-CAP will include a presentation by DAAS Adult Day Services staff as a part of the day set aside for CAP case managers at the next Association of Home and Hospice Care conference and have information available regarding adult day health services at future meetings;
8. DMA-CAP will track effectiveness of this awareness campaign through both numbers enrolled in and expenditures to adult day health programs.

Section 1.(b): Status of Study

A. REIMBURSEMENT METHODOLOGY STUDY RECOMMENDATIONS

COST ANALYSIS SYSTEM

Recommendation #1-A:

Establish a formal reporting system, requiring adult day services providers, on an annual basis, to determine and report unit cost to DAAS. This information could also serve as a review by DAAS for potential rate changes. The cost analysis tool developed by DAAS (in conjunction with the NCADSA) provides an excellent basis for determining and gathering this information. This 2004 cost analysis project put North Carolina on the cutting edge as the first of its kind in adult day services at a state level. To be used effectively by providers, however, the current tool needs to be streamlined to be more user friendly.

Action:

The Division of Aging and Adult Services [DAAS] recognizes the need to emphasize uniformity in the determining actual provider daily care costs. The challenge continues to be developing financial technical assistance and formats that can address the needs of providers with a wide range of managerial experience and capacity. Responses from providers on the 2004 cost analysis/ budgeting tool indicate that revisions are necessary for the tool to be fully accepted and useful to all providers. DAAS has refined the provider cost analysis/budgeting tool and has plans to pilot it between now and July, 2007. Use of this tool will be covered during regional training on new adult day service rules in early 2007 and a cost analysis session will be integrated into the yearly Adult Day Services training workshop. The cost analysis/budgeting tool or an approved equivalent will be required as part of the existing annual recertification materials beginning July 1, 2007. The Division will then begin to compile and analyze adult day services daily care cost data most likely on a biannual basis.

CURRENT RATE PER MONTH FOR STATE ADULT DAY CARE FUND (SADCF)

Recommendation #2-A:

The formula for the rate per month (i.e., monthly maximums) for the SADCF should be deleted from the administrative rules.

Action:

The adult day care and day health care rules have been revised and this recommended change is included. The process of changing APA [Administrative Procedures Act] rules has been initiated with an anticipated effective date of July 1, 2007. Counties currently interpret the monthly maximum differently; some reimburse the total monthly maximum amount every month, regardless of the number of days in that month, others only reimburse the daily maximum for the number of days of service. The elimination of the monthly maximum will help assure consistency in reimbursement from county to county.

HOME AND COMMUNITY CARE BLOCK GRANT REIMBURSABLE SERVICE UNIT (HCCBG)

Recommendation #3-A:

To ease administration and provide consistency among funding streams, the 6-hour stipulation from the HCCBG should be deleted, making the reimbursable unit "a day" (the same as the SADCF and Community Alternatives Program/Disabled Adults, CAP/DA). A day of service should be defined in the care plan and meet the needs of the caregiver and their loved one.

Action:

In the HCCBG manual, the unit of service for adult day care and adult day health care is already defined as "1 day." The confusion was due to the parenthesis after this definition, which references a 6-hour minimum. Responsibility for administering HCCBG adult day care funds rests with the Area Agency on Aging [AAA] Directors. Policy interpretation guidelines have been sent to the AAA Directors regarding this reference. Specifically, it has been made clear that the 6-hour reference to a unit of service is interpreted by the Division as an operational definition for day service programs [must be open a minimum of 6 hours], not as the definition of what constitutes one day for a specific participant. This information has also been posted on the adult day services section of the Division website in a new area titled "Policy Interpretations and Frequently Asked Questions," <http://www.dhhs.state.nc.us/aging/adcpolicy.htm>.

HCCBG AND SADCF ABSENTEE POLICY

Recommendation #4-A:

DAAS needs to develop a task force to address the HCCBG and SADCF absentee policy differences and arrive at consensus in the development of a consistent absentee policy and interpretation.

Action:

The Division held an ad-hoc committee meeting with six adult day service providers, two Area Agency on Aging Directors, two county Department of Social Services (DSS) Adult Day Care Coordinators and two Adult Program Representatives (APR's) and a consensus on this policy was reached. DAAS plans to send an Administrative Letter notifying providers and fund managers of this decision by the end of October.

NEGOTIATED RATES FOR HOME AND COMMUNITY CARE BLOCK GRANT (HCCBG) & STATE ADULT DAY CARE FUND (SADCF)

Recommendations #5-A & 6-A:

#5-A: The HCCBG policy for adult day care and adult day health care reimbursement should be changed to allow negotiated rates per provider with consideration given to cost.

#6-A: DAAS should initiate discussions with the Social Services Commission about the feasibility of moving towards a negotiated rate for adult day services funded by the SADCF.

Action:

As per Partners in Caregiving note on this recommendation, a cost analysis study by DAAS would need to be conducted as to the impact of negotiated rates on service delivery. This is not feasible without having a cost analysis tool [recommendation #1-A]. There is concern that negotiated rates may have a negative impact on the number of people served. The current reimbursement rate for adult day care is comparable to other HCCBG services in terms of ratio of average actual cost to reimbursement.

The reimbursement study recommendations were presented to the Social Services Commission in early 2005 and this recommendation was among them. Therefore, discussions have been initiated. Further action, however, is not recommended prior to knowing the full effect such a change would have on service delivery and whether implementation of this suggestion would decrease the number of individuals served or adversely affect the current reimbursed rate for day care services. These types of questions cannot be addressed prior to having sufficient experience with a cost analysis tool.

B. SYSTEM FOR SUSTAINABILITY RECOMMENDATIONS

STRATEGIC PLAN

Recommendation #1-B:

To support and sustain adult day services, and to plan for industry growth, the North Carolina Adult Day Services Association (NCADSA) should create an Advisory Group (made up of key individuals from the various State departments) to move toward the development of a comprehensive, integrated strategic plan, including a statewide marketing plan.

Action:

The NC Adult Day Services Association is expanding its capability to secure resources to support and sustain adult day programs through a new 501(c)3 organization, the Adult Day Services Resource Center of North Carolina, Inc. The mission of the new organization is an extension of NCADSA's mission to promote the availability, accessibility, quality and cost-effectiveness of adult day services in NC. By procuring additional resources, Adult Day Services Resource Center of North Carolina will work to achieve this goal as it fosters and advances quality adult day services through education, partnerships and collaborations for the benefit of providers, consumers and their caregivers.

PUBLIC AWARENESS

Recommendation #2-B:

To increase overall visibility and public awareness, DAAS should create a generic adult day services brochure (similar to the one for senior centers) and information for the DAAS display board used at State and public functions.

Action:

DAAS has drafted a generic adult day services brochure and information about adult day services is now available as a part of the DAAS exhibit at State and public functions.

Recommendation #3-B:

In partnership with the DHHS Division of Public Affairs, the Agency for Public Telecommunications (APT) (in the Department of Administration), and the North Carolina Adult Day Services Association, DAAS should develop and implement a statewide adult day services public awareness campaign.

Action:

DAAS currently promotes National Adult Day Service week through the Department's Office of Public Affairs and will continue to do as much as possible to raise statewide awareness of the benefits of adult day services. This will include partnership with NCADSA in seeking grant funds for prime-time cable programs, video/audio/multimedia production, and media buying/placement.

TECHNICAL ASSISTANCE

Recommendation #4-B:

To help support and sustain adult day programs, DAAS should expand its technical assistance as follows:

1. Develop, disseminate (to all certified adult day programs), and post on the DAAS web site the following **fact sheets** for adult day programs:
 - a. Information on how the five divisions within DHHS (i.e. Divisions of Aging and Adult Services, Medical Assistance, Public Health, Mental Health, Social Services, and Developmental Disabilities and Substance Abuse Services) and three other State departments (i.e. Departments of Insurance, Veteran Affairs, and Environment and Natural Resources) interface with adult day programs. This would provide education and information in response to the complicated and fragmented system of the regulation and funding of adult day services.
 - b. Information detailing the requirements and process for a program to convert from an adult day care only certification to one that combines adult day care and adult day health. Financial viability of adult day programs improves when a program makes this conversion, so a fact sheet of necessary steps would greatly assist programs in making this transition.
 - c. Instructions on negotiating and developing vendor agreements with the local Department of Social Services for State Adult Day Care Funds and with the community advisory board [sic*] for Home and Community Care Block Grant Funds. This information will assist programs in diversifying their revenue streams, another essential component of achieving financial viability.

2. Create an **adult day services list serve** for the primary purposes of networking, technical assistance, and informal mentoring. The list serve could be developed through the DAAS formal relationship with the Institute on Aging, and should include all certified adult day programs, Adult Day Care Coordinators, Adult Day Health Specialists, regional Adult Program Representatives, Area Agencies on Aging representatives, the North Carolina Adult Day Services Association executive director, and appropriate DAAS staff. DAAS should also promote the list serve to the other divisions within DHHS and the other State departments that work with adult day programs.
3. Create a **quarterly web-based newsletter** for adult day programs, similar to the DAAS web-based newsletter "At a Glance". The primary purpose of the newsletter would be to provide enhanced technical assistance, and up-to-date State and Federal information to adult day programs.
4. For enhanced technical assistance for adult day program service improvement on a regional basis, DAAS should encourage the development of a partnership between the Area Agencies on Aging and adult day programs in their regions. Area Agencies on Aging have expertise in training/education, technical assistance, and monitoring that would prove beneficial to adult day programs.

Action:

1. DAAS staff has developed the first two fact sheets and posted these on our website [<http://www.dhhs.state.nc.us/aging/adcreources.htm>]. The third fact sheet is no longer applicable, as vending agreements have been replaced by contracts. However, a funding fact sheet has been developed and a workshop on contract negotiations was added to the annual Adult Day Services training. The developed fact sheets are posted on the Division website under "Additional Resources," <http://www.dhhs.state.nc.us/aging/adcreources.htm>. (*Community advisory boards do not negotiate or administer HCCBG funding.)
2. A list serve has been created for ease in disseminating education and information relevant to day programs. Other divisions within DHHS and other State departments that work with adult day programs have been invited to join the list serve.
3. A section of the DAAS website now includes up-to-date information about what is happening in adult day care on a state and federal level and provides additional information of assistance to day service program operators.
4. DAAS includes Area Agencies on Aging on all correspondence and communications sent to adult day programs and encourages them to continue their partnerships with day care programs.

MONITORING

Recommendation #5-B:

For service improvement and consistent/uniform interpretation of standards across counties, DAAS should contract with an independent consultant to study the current adult day program monitoring system. The study should look at the history of the county monitoring system, including how the existing system was created and why, how it currently operates, and how the system can be improved.

The study should also look at the development of a standard monitoring curriculum (including a technical assistance module) with the intent of improving consistency from county to county. The curriculum should address the various needs of all monitors, regardless of their longevity in the position: the desire to learn, problem solve, share best practices, and experience peer

interaction and support. Experienced monitors interacting with new monitors provide an extremely valuable form of mentoring/technical assistance.

To be convenient and accessible to all monitors, the study should look at a variety of training methods such as: regional training sessions in the field on an annual basis; distance learning via videoconferencing through the area health education centers (AHEC); and, an on-line seminar (i.e., webinar). A determination should be made as to the most effective and efficient way to provide the training.

Action:

Since there is insufficient funding to contract with an independent consultant, DAAS modified its May 2006 Adult Day Services Training Workshop to focus specifically on the monitoring tools. The workshop paired experienced monitors and day care providers with newer ones in order to facilitate mentoring and technical assistance. DAAS has also developed a risk-based monitoring system in order to be responsive to well-developed programs consistently in compliance with day care regulations and target those with major compliance issues. This system is scheduled to be implemented along with other adult day care rule changes currently being moved through the APA process. Frequently asked questions regarding adult day services administrative rule interpretations have also been compiled and posted on the DAAS website in order to facilitate uniform interpretation across counties:
[<http://www.dhhs.state.nc.us/aging/adcpolicy.htm>].

COLLABORATIVE RELATIONSHIPS

Recommendation #6-B:

DAAS and the North Carolina Adult Day Services Association should promote these small business development resources, on an ongoing basis, on their web sites, including a direct link to SCORE (www.score.org), the Small Business Center Network (www.ncccs.cc.nc.us/Business_and_Industry/sbcnmainpage.htm), and the Small Business and Technology Development Center (www.sbtcd.org).

Action:

DAAS included information about these organizations in a resource notebook distributed at the annual Adult Day Services Workshop and has posted them on the DAAS website [<http://www.dhhs.state.nc.us/aging/adcresources.htm>]. A notice about these resources has also been sent to the listserv. Furthermore, NCADSA includes links to these resources, and others, on their website (<http://www.ncadsa.org/>).

Recommendation #7-B:

The North Carolina Adult Day Services Association should piggyback its “Opening an Adult Day Center” workshop and/or its “Keep Your Center Open” workshop with the “How to Start and Maintain a Small Business” workshop sponsored by SCORE chapters across the State. The industry-specific training provided by the Association, combined with the small business offering, would provide a well-rounded, complete training package.

Action:

The North Carolina Adult Day Services Association (NCADSA) has already begun strengthening the relationship between adult day programs, SCORE and the Small Business Center Network. NCADSA offered a workshop in August in Winston-Salem, NC, targeted for

persons interested in Opening an Adult Day Program. Although there was not enough interest to hold the workshop, the contacts have been made to offer a similar class in the future. NASDA included a session on how to write/revise a business plan at their recent conference, held at the end of September, 2006. Given the multiple SCORE chapters and their diverse services and schedules, the Association is distributing information about all the SCORE chapters in North Carolina to current and potential providers through written information and links on the association's website.

Recommendation #8-B:

For other educational opportunities for adult day programs, DAAS should distribute the list of all certified adult day programs (and the contact information for the North Carolina Adult Day Services Association) to the nine area health education centers (AHEC) to add adult day programs to their mailing lists. The development of a collaborative relationship between AHEC, DAAS, and the North Carolina Adult Day Services Association would ensure that AHEC educational opportunities are responsive to the specific needs of the adult day services industry.

Action:

DAAS contacted staff of central AHEC and received an updated list of aging contacts for each of the nine area AHEC centers. These individuals were contacted about adult day services, provided a list of certified programs, solicited for input in ways we can better work together and added to the adult day services listserv. Information materials regarding the services of AHEC and their programs were also distributed at the annual Adult Day Services Workshop and a link to AHEC has been added to the DAAS website, <http://www.dhhs.state.nc.us/aging/adcreources.htm>.

FUNDING/FISCAL IMPACT

Recommendation #9-B:

For consistency and uniformity across counties, DAAS should offer an annual funding workshop for adult day programs receiving HCCBG and SADCF funds, and for individuals administering these funds at the county level. To be convenient and accessible, DAAS should conduct the annual training in the field on a regional basis, or use distance learning such as videoconferencing through AHEC or the creation of an on-line seminar (i.e., webinar).

Action:

The annual Adult Day Services Workshop included a session on funding. This workshop will be expanded in FY 2006-07. A fact sheet regarding potential funding sources has also been posted to our web page on Adult Day Care (see Attachment C).

Recommendation #10-B:

Prior to implementation, all revised administrative rules or standards should provide sufficient lead time for potential budgetary preparation and/or training and outreach.

Action:

Rule changes not made through legislative mandate will be delayed from 3 to 6 months in order for adequate training and lead time.

Recommendation #11-B:

To help improve adult day program financial viability, DAAS should continue to advocate with the Department of Insurance for a possible compromise on this regulation so that a sprinkler

system is not required or is only required after a certain capacity.

Action:

DAAS continues to educate the Department of Insurance and the Building Code Council about the adverse effect that the sprinkler rule has had on adult day service programs. DAAS staff will also continue to assist the NCADSA in their advocacy efforts with the Building Code Council.

Recommendation #12-B

To help improve the financial viability of adult day care homes and adult day health homes, DAAS should consider revising the standards to allow more individuals to be served in single family dwellings, as long as the square footage requirement per participant can be met.

Action:

The building code sets a limit of 16 for residential occupancy for adult day care homes and adult day health homes. The adult day care rules have been revised to reflect this maximum and the process of changing APA [Administrative Procedures Act] rules has been initiated with an anticipated effective date of July 1, 2007.

Recommendation #13-B

In addition to the HCCBG and SADCF negotiated rate recommendations in the Reimbursement Methodology Study, DAAS should also explore the feasibility of a negotiated hourly rate (as opposed to a negotiated daily rate) for both HCCBG and the SADCF. A negotiated hourly rate establishes a consistent measure for consumers, funders, and reporting purposes at the State and Federal level.

Action:

As discussed in the Reimbursement Methodology Study [Recommendation 5 and 6-A], this area needs further research and study after the development of a cost analysis tool [Recommendation 1-A]. However, DAAS will conduct a survey to understand concerns that adult day service providers have regarding a move towards an hourly rate. During earlier discussions with day programs, there was significant resistance to this change due to a perceived increase in administrative work and decrease in overall reimbursement amounts. A better understanding of these concerns is needed.

PREDICTORS OF SUCCESS

Recommendation #14-B:

DAAS should amend the requirements for program directors of adult day programs to include successful completion of adult day services management training. Such requirement should also apply to current adult day program directors; however, they should be given the option of testing out of the required training. Training should be documented and included as a part of the required employee file.

Action:

Legislative action would be needed to fund curriculum development.

Recommendation #15-B:

As previously discussed, 94 of 106 certified adult day programs participated in this project. Of the 22 programs receiving a technical assistance site visit, 11 were identified as at-risk of

closing, 10 (out of a total of 30) in the warning zone, and one in the safety zone. Partners in Caregiving research has demonstrated the necessity of follow-up technical assistance (1-3 years) for programs to become financially viable. Most programs need to be guided through recommendations for program growth connected to the predictors of success. To maximize on the training of adult day programs and on-site technical assistance provided to the 22 programs, follow-up site visits, mentoring, and project analysis needs to occur. Analysis would include a post Adult Day Services Profile sent to the 94 programs participating in the project to assess the impact of the training. Analysis would also include whether or not the site visit recommendations were implemented and what impact they had on program growth. The follow-up project analysis data could then serve as the basis for future projects to support and sustain adult day programs in North Carolina.

Action:

Legislative action would be needed to fund this recommendation.

Attachment A

North Carolina Programs Offering Adult Day Health Services 58 Programs Located in 37 Counties

	County	Name of Program	City	Capacity	Type of Program
1	Alexander	Adult Life Programs, Inc.- Taylorsville	Alexander	24	ADC/ADH
2	Ashe	Generations Adult Day Health Care	West Jefferson	40	ADC/ADH
3	Buncombe	Mountain Care	Asheville	66	ADC/ADH
4	Burke	Quaker Meadows Generations, Adult Service Center	Morganton	32	ADC/ADH
5	Cabarrus	Coltrane L.I.F.E. Center, Inc.	Concord	94	ADC/ADH, ALZ
6	Carteret	Newport Developmental Center	Newport	6	ADH, DD
7	Chowan	Chowan Life Center	Elizabeth City	40	ADC/ADH
8	Cleveland	Life Enrichment Center of Cleveland County, Inc.	Shelby	50	ADC/ADH
9	Cleveland	Life Enrichment Center of Cleveland County, Inc.	Kings Mountain	100	ADC/ADH
10	Cumberland	Bethel Adult Day Health Care Center	Fayetteville	28	ADC/ADH
11	Cumberland	Cape Fear Adult Day Health Center	Fayetteville	29	ADC/ADH

12	Cumberland	Southern Hospitality Adult Day Care Center	Fayetteville	10	ADC/ADH
13	Davidson	The Life Center of Davidson County, Inc.	Lexington	65	ADC/ADH
14	Duplin	Duplin Adult Day Services	Wallace	10	ADC/ADH
15	Durham	Community Life Adult Day Health Care Ctr.	Durham	50	ADC/ADH
16	Edgecombe	Adult Day Health Activity Center, Inc.	Rocky Mount	52	ADC/ADH, ALZ, DD
17	Forsyth	Elizabeth and Tab Williams Adult Day Center of Senior Services, Inc.	Winston-Salem	95	ADC/ADH
18	Forsyth	Mount Zion Senior Enrichment Adult Day Care/Day Health Center	Winston-Salem	40	ADC/ADH
19	Franklin	Franklin County Adult Day Program	Louisburg	24	ADC/ADH
20	Granville	Harold Sherman Adult Day Center	Oxford	26	ADC/ADH
21	Guilford	Adult Center for Enrichment at Caldwell House	Greensboro	16	ADC/ADH
22	Guilford	Adult Center for Enrichment at Washington Square	Greensboro	29	ADC/ADH
23	Guilford	Emmanuel Senior Enrichment Center	High Point	40	ADC/ADH

24	Guilford	After Gateway, Inc.	Greensboro	12	ADH, DD
25	Guilford	ACE at River Landing	Greensboro	21	ADC/ADH
26	Halifax	Roanoke Valley Adult Day Care Center	Weldon	48	ADC/ADH
27	Henderson	Pardee Adult Day Services	Flat Rock	50	ADC/ADH
28	Iredell	Life Span, Inc. Enrichment Center-Troutman	Barium Springs	45	ADC/ADH, DD
29	Lenoir	Day Break Adult Day Services	Kinston	20	ADC/ADH
30	Madison	Madison County Adult Day and Health Care Center	Marshall	10	ADC/ADH
31	Mecklenburg	Adult Care and Share Center, Inc.	Charlotte	36	ADC/ADH
32	Mecklenburg	Blessed Assurance Adult Day and Health Care	Matthews	40	ADC/ADH
33	Mecklenburg	Mt. Olive Adult Day Care Home	Charlotte	10	ADC/ADH
34	Mecklenburg	New Friends Adult Day Care/Day Health	Charlotte	67	ADC/ADH, ALZ
35	Mecklenburg	Pritchard - PALS	Charlotte	48	ADC/ADH
36	Mecklenburg	Samaritan Adult Day Health	Charlotte	5	ADH home
37	Mecklenburg	University Adult Care Center, Inc.	Charlotte	61	ADC/ADH
38	Mecklenburg	Loving Care Adult Day Care/Day Health	Charlotte	50	ADC/ADH

39	Mecklenburg	Loving Touch Adult Day Health Care Center, Inc.	Charlotte	30	ADC/ADH
40	Nash	The Wright's Center	Rocky Mount	42	ADC/ADH
41	New Hanover	Elderhaus at the Lake	Wilmington	72	ADC/ADH
42	New Hanover	Coastal Adult Day Care, Inc-Day Care/Day Health Program	Wilmington	35	ADC/ADH
43	Orange	Central Orange Adult Day Health Center	Hillsborough	10	ADC/ADH
44	Pasquotank	Day Break Adult Day / Health Care Center	Elizabeth City	30	ADC/ADH
45	Person	Generations Adult Day Services	Roxboro	20	ADC/ADH
46	Pitt	Creative Living Center	Greenville	24	ADC/ADH
47	Rowan	Abundant Living Adult Day Care, Inc.- Haven House	Salisbury	16	ADC/ADH
48	Rutherford	Rutherford LIFEcare	Spindale	29	ADC/ADH
49	Sampson	Sampson County Adult Day Health Care Center	Clinton	42	ADC/ADH
50	Scotland	Scotland County Adult Day Services	Laurinburg	30	ADC/ADH
51	Transylvania	K.O.A.L.A. Adult Day Care/Day Health	Brevard	45	ADC/ADH
52	Wake	Resources For Seniors Total Life Center - Departure Dr.	Raleigh	91	ADC/ADH

53	Wake	Resources For Seniors Total Life Center - Eastern Wake	Wendell	25	ADC/ADH
54	Wake	Cary Total Life Center at Bond Park	Cary	29	ADC/ADH
55	Wake	Southeastern Wake Adult Care Center	Raleigh	40	ADC/ADH
56	Wake	Family Circle Elder Care	Garner	10	ADC/ADH
57	Watauga	The Adult Day Care Center at Blowing Rock Hospital	Blowing Rock	10	ADC/ADH
58	Yancey	W.A.M.Y. Community Action, Inc. Adult Day and Health Care Ctr. of Yancey Co.	Burnsville	15	ADC/ADH ALZ/DD

<i>Program Type:</i>	
<i>ADC/ADH</i>	<i>Combination Adult Day Care and Adult Day Health Care Center</i>
<i>ADH</i>	<i>Adult Day Health Care Center</i>
<i>ADH Home</i>	<i>Adult Day Health Care Program Located in a Single Family Dwelling</i>
<i>ALZ</i>	<i>Alzheimer's Special Care Services</i>
<i>DD</i>	<i>Developmental Disabilities Special Care Services</i>

Attachment B

Consider Adult Day Health Services For Your CAP Clients

John comes to our adult day and health care program one day a week. He is confined to a wheelchair and can only stand with the assistance of a hydraulic lift. This is his one outing each week. The rest of his life is spent sitting on the porch. He is parked there in the morning and gets no socialization unless someone on the street stops to talk with him. John cannot speak above a slight whisper, so we know there are few who stop to talk. The smile on his face when he is with us is the picture of gratitude and joy.

J. Small, Director

Adult Day Health Services (S5102)

Adult Day Health Services is care for the client in a certified Adult Day Health Care facility. This type of care is for aged, disabled, and handicapped adults who need a structured day program of activities and services with nursing supervision. This organized program, offered in a community group setting, supports the adult's independence and promotes social, physical, and emotional well-being. Services include health services and a variety of program activities designed to meet the individual needs and interests of the clients, and referral to and assistance in using appropriate community resources. Food and food services include a nutritional meal and snacks as appropriate to the program.

Although the service is not to be provided at the same time of day that a client receives In-Home Aide Services, Respite, or one of the regular Medicaid services that works directly with the client (such as Personal Care Services), it can work in conjunction with many of these services. Many CAP clients have an In-Home Aide who can assist them in getting up, dressed and to the program.

Here's what CAP clients have to say about their participation in adult day health services:

- *This is the best place in the world, and the people who take care of us -- I love you all.*
- *I have made some wonderful friends attending this program and I love coming every day.*
- *We are like one big happy family and I enjoy my time here.*
- *I thank God for this place because I don't know what I would do all day long if I had to stay home.*
- *We are blest to have such a wonderful place to come to with such loving people taking care of us all.*
- *This place is a life saver. I don't know what we would do without it.*

The North Carolina Division of Aging and Adult Services certifies these programs and keeps an updated list on our website. Although a program may not be available in your county, it is possible to send a client to a program in another county that may be near the client's home. The updated list of programs can be accessed through <http://www.dhhs.state.nc.us/aging/adcsvc.htm> or by calling Shannon Crane at 919-733-0440 ext. 210.

Attachment C

ADULT DAY SERVICES FUNDING FACT SHEET

The following is a list of possible funding sources for certified programs. This is a general list and all sources may not apply or be available in your area. Automatic funding is not guaranteed.

NORTH CAROLINA HOME & COMMUNITY CARE BLOCK GRANT (HCCBG)

- Older American Act funding and other state and local funds are combined into this block grant to support home and community-based services;
- Funding can be used only for participants age 60 and older;
- Administered through the Area Agencies on Aging (AAA);
- Contact the AAA in your region to find out the lead agency for HCCBG in your county.

NORTH CAROLINA STATE ADULT DAY CARE FUND

- Funds allocated to counties by the North Carolina Division of Aging & Adult Services;
- Administered via a vendor agreement through county Departments of Social Services to purchase Adult Day Services for eligible participants;
- Contact your local Department of Social Services for more information.

STATE COUNTY SPECIAL ASSISTANCE IN-HOME PROGRAM

- Eighty-seven county Departments of Social Services participate in the SA/In-Home Program;
- Program recipients receive a cash benefit that is used for a variety of supports – all of which are basic needs for people living at home;
- Adult day services may be purchased by SA/In-Home Program recipients with the monthly benefit payment;
- Contact your local Department of Social Services for more information.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

- This program reimburses non-residential adult day programs designed to meet the needs of the frail elderly and functionally impaired adults for nutritious meals and snacks;
- Facilities can be public or private non-profit organizations;
- The nutritional plan must follow USDA standards;
- Program pmts are based on individual enrollee eligibility as determined by USDA guidelines;
- Administered by the North Carolina Division of Women's and Children's Health;
- Contact NC Division of Public Health, Special Nutrition Programs Unit at 919-707-5799.

PRIVATE PAY/OUT OF POCKET PAYMENTS

- Set the top fee equal to or greater than the cost of the services;
- Give everyone the opportunity to pay what the service actually costs, allowing for discounts on a case-by-case basis.

MEDICAID - COMMUNITY ALTERNATIVES PROGRAM (CAP)

- Certified Adult Day Programs with the Day HEALTH component are potentially eligible for reimbursement under CAP for Disabled Adults (CAP/DA), Mental Retardation/Developmental Disabilities (CAP/MR-DD), or AIDS (CAP/AIDS);
- Administered by the North Carolina Division of Medical Assistance (DMA);
- Contact DMA at 919-733-6775 to find out the local CAP coordinator in your region.

VETERANS ADMINISTRATION (VA)

- Eligibility only for certified Adult Day Programs with the Day HEALTH component;
- Administered through area Veterans Administration Hospitals and/or outpatient clinics;
- Contracted reimbursement for qualifying veterans;
- Contact your area VA for more information.

UNITED WAY

- Contact the local agency for specific requirements for obtaining funds and/or becoming a member agency.

MEDICARE PART B (*does not cover daily care*)

- May cover the cost of the following services provided in the day care environment:
 - Out-patient or partial hospitalization mental health services by licensed clinic social workers or psychologists for assessment and psychotherapeutic treatment;
 - Out-patient restorative and functional maintenance rehabilitation by licensed physical therapists, occupational therapists, and/or speech therapists or approved personnel;
 - Psychiatrist and physician visits.

TITLE V (SR. COMMUNITY SERVICE EMPLOYMENT PROGRAM, SCSEP)

- This program is designed to address the income and employment needs of economically disadvantaged individuals age 55 and older;
- Title V workers can be employed in adult day services that are not-for-profit;
- Administered by various agencies - contact your regional AAA for more information.

GRANTS AND FOUNDATION FUNDING

- Start up, operating, capital and special projects funding may be obtained through grants and foundation funding;
- For more information, contact The Foundation Center, 79 Fifth Avenue, Dept. MF, New York, NY 10003-3076, (800) 424-9836 -- this organization publishes the National Guide to Funding in Aging;
- Look for a local foundation center or library with publications on funding opportunities.

COMMUNITY DEVELOPMENT BLOCK GRANTS

- Administered through city governments;
- The Housing and Community Development Act of 1974 authorizes some funding for the construction and improvement of facilities;
- Contact the area field office of the US Department of Housing and Urban Development for more information (www.hud.gov).

AREA MENTAL HEALTH/DEVELOPMENTAL DISABILITIES/SUBSTANCE ABUSE PROGRAMS (MH/DD/SA)

- Adult Day programs can possibly contract with Area MH/DD/SA Programs who reimburse for adult day services for the MR/DD population;
- Some Area Programs are especially interested in adult day health services;
- See <http://www.dhhs.state.nc.us/mhddsas/lmedirectory.htm> for local listings.

CITY/COUNTY GENERAL FUNDS

- Many localities use discretionary money to fund human service agencies;
- Call your local government office for more information.

CHURCHES/CIVIC ORGANIZATIONS

- These organizations may offer sponsorship, space or scholarships for clients.

FAMILY CAREGIVER SUPPORT PROGRAM

- New program with the 2000 reauthorization of the Older Americans Act allocated through DAAS to the Area Agencies on Aging;
- Limited funds for various family caregiver support services including respite services;
- Adult day respite services may be available based on AAA and county planning decisions;

- Eligibility includes family caregiver providing regular care for someone age sixty or older with at least two impairments in activities of daily living;
- Services are sub-contracted through the Area Agencies on Aging; Contact the Area Agency on Aging Family Caregiver Resource Specialist:
<http://www.dhhs.state.nc.us/aging/fcaregr/fcjobs.htm>